## KENTUCKY HEAD START PROGRAM 2013 TANF LIST REQUEST

| NAME OF PROGRAM:   |   |         |    |              |
|--|---|---------|----|--------------|
| ADDRESS OF PROGRAM:  |   |         |    |              |
|  |   |         |    |              |
| PHONE:   |   |         |    |              |
| FAX:   |   |         |    |              |
| PERSON REQUESTING INFORMATION:   |   |         |    |              |
| COUNTY OR COUNTIES REQUESTED:  |   |         |    |              |
| REQUESTED AGE GROUP LISTING:   | STING:  0-3 Years old by October 1 of requested year 3-4 Years old by October of requested year (Please circle or underline age group needed) |         |    |              |
| FORMAT OF REQUESTED INFORMATION: (Ple<br>Mailing labels one copy<br>Mailing labels two copies<br>Hard Copy List only                               | ease check one  | choice) |    |              |
| Our program's confidentiality MOU is curren  | ıt:   | Yes     | No | (Circle One) |
| Please send requests to: Joe Roberts Head Start State Collaboration Office Governor's Office of Early Childhood 125 Holmes St. Frankfort, KY 40601 |   |         |    |              |

Email: joe.roberts@ky.gov

FAX: 502-564-2410